

APPLICATION TO THE NEIGHBORHOOD STABILIZATION PROGRAM (NSP)

HOMEBUYER ASSISTANCE PROGRAM

MAIL APPLICATION TO:

NIDC

P. O. Box 511730

Milwaukee, Wisconsin 53203-0291

Please complete both sides of the application.

- ✓ Documentation certifying you completed 8 hours of homebuyer counseling from an eligible agency
- ✓ A copy of the pre-approval from your lender or evidence of funds for cash buyers (i.e. a completed and signed gift letter)
- ✓ A copy of the accepted offer to purchase
- ✓ Completed and signed "Compliance with Tenants' Rights During Foreclosure" certification form
- ✓ Proof of income (2 most-recent paycheck stubs and a copy of your most-recent Federal 1040) for everyone who will be living in the home you are purchasing
- ✓ \$200 application fee. Make check payable to: *City of Milwaukee*
When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction.
- ✓ A color or black & white photo of the front of the home (from MLS listing sheet or other)
- ✓ Completed and signed gift letter, if applicable

Please help us in our outreach efforts by letting us know how you heard about the program.

If you could be specific in your response, it would be appreciated.

	Check
City Website	
Take Root Milwaukee Website	
Friend	
Family Member	
Realtor	
Lender	
Employer	
Flyer	

	Check	Name/Station
Newspaper		
Radio		
TV		
Other/comments:		

APPLICANT AND CO-APPLICANT INFORMATION

Applicant's name _____ Date of birth _____
Social Security no. _____ Home phone _____ Cell phone _____
E-mail address _____
Applicant's address _____ Zip _____ No. of years _____
Co-applicant's name _____ Date of birth _____
Social Security no. _____ Home phone _____ Cell phone _____
Co-applicant's address _____ Zip _____ No. of Years _____
Are you (check one) ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed
Indicate your primary language: ☐ English ☐ Spanish ☐ Hmong ☐ Other: _____
Do you require a translator? ☐ Yes ☐ No If yes, translator's Name _____ Phone: _____

FORECLOSED PROPERTY TO BE PURCHASED AND REHABILITATED

Address of the property _____
Ownership will be in the name of _____
Lender _____
Lender contact name _____ Lender phone _____
Lender e-mail address _____
Cash Buyers (Gift Letter/Bank Statement) _____ Amount: \$ _____
Homebuyer Counseling Agency Name _____ Contact Person _____
Email Address _____ Office Phone _____



GROSS INCOME OF APPLICANT

Employer _____ Position _____
 Address _____ How long _____
 Annual salary \$ _____ Or monthly salary \$ _____ Work phone _____
 Previous employer _____ How long _____
 Other income \$ _____ per month Source _____

GROSS INCOME OF CO-APPLICANT

Employer _____ Position _____
 Address _____ How long _____
 Annual salary \$ _____ Or monthly salary \$ _____ Work phone _____
 Previous employer _____ How long _____
 Other Income \$ _____ per month Source _____

ADDITIONAL HOUSEHOLD AND INCOME INFORMATION

List all other people who will live in the house. Do not list yourself or co-applicant. List all wages, W2 Program, Social Security, SSI, pensions, rents, interest, dividends, etc

NAME	AGE	RELATIONSHIP	SOCIAL SECURITY NO.	SOURCE OF INCOME	MONTHLY AMOUNT
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

Yes No

☐ ☐ Are you an employee of the City of Milwaukee, the Department of City Development (DCD), or one of its affiliate agencies?

☐ ☐ Are you married to an employee of the City of Milwaukee including DCD or one of its affiliate agencies?

☐ ☐ Are you the brother, sister, parent or child of an employee of the City of Milwaukee, DCD or one of its affiliate agencies?

If you have answered "yes" to any of these questions, please explain in the space below:

I certify that the information provided herein is true and complete. I authorize the Dept of City Development (DCD), and the Neighborhood Improvement Development Corporation (NIDC) to review this application, to request, receive, and share information with lenders, the above-named translator, and others to verify its accuracy and completeness and to refer information to WE Energies or other energy conservation programs. I understand that my rehabilitation project is funded with federal funds administered through the Community Development Grant Administration office (CDGA) and CDGA may review this information to verify its accuracy for compliance purposes. All owners must sign this application. I (we) am (are) not debarred by the US Department of Housing and Urban Development, do not have a history of City of Milwaukee (City) housing code violations or delinquent property taxes, have not had a property acquired by the City through tax foreclosure within the previous 5 years, do not have an outstanding judgment from the City, and have not been convicted of a crime that could cause concern for neighborhood stability, health, safety, or welfare. By signing application, I am authorizing the Department of City Development (DCD) to pull a credit report and Wisconsin Circuit Court records.

Applicant Signature**Date****Co-Applicant Signature****Date**

The following information is requested by the Federal Government in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of the information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this lender is required to note race and sex on the basis of visual observation or surname.

Applicant: I do not wish to furnish this information _____ (Initials) Co-applicant: I do not wish to furnish this information _____
 _____ (Initials)

APPLICANT		CO-APPLICANT	
<input type="checkbox"/>	Black/African-American	<input type="checkbox"/>	Black/African-American
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	White	<input type="checkbox"/>	White
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black/African-American & white	<input type="checkbox"/>	Black/African-American & white
<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	American Indian/Alaska Native
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	American Indian/Alaska Native & white	<input type="checkbox"/>	American Indian/Alaska Native & white
<input type="checkbox"/>	American Indian/Alaska Native & Black/African-American	<input type="checkbox"/>	American Indian/Alaska Native & Black/African-American
<input type="checkbox"/>	Asian & white	<input type="checkbox"/>	Asian & white
<input type="checkbox"/>	Other/ multi-racial	<input type="checkbox"/>	Other/ multi-racial